PATENT APPLICATION FEE DETERMINATION RECOF	PATENT	APPLICATION	FEE DETERMINATION RECO	ORD
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Effective October 1, 2000

Application or Docket Number

19932136

TOTAL CLAIMS	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER SMALL I		
NUMBER PRESENT PRESENT PRESENT NUMBER PRESENT PRESEN	TOTAL CLAIMS			/3				Γ	RATE	FEE		RATE	FEE
MULTIPLE DEPENDENT CLAIM PRESENT	FOR					NUMB	ER EXTRA	E	SASIC FEE	355.00	OR	BASIC FEE	710.00
MULTIPLE DEPENDENT CLAIM PRESENT	TOTAL CHARGEABLE CLAIMS			13 min	us 20=	· Ø	2		X\$ 9=	:	OR	X\$18=	
*If the difference in column 1 is less than zero, enter "0" in column 2 *If the difference in column 1 is less than zero, enter "0" in column 2 *CLAIMS AS AMENDED - PART II (Column 1)	INDEPENDENT CLAIMS 3 minus 3 =				4		Ī	X40=		OR	X80=		
*If the difference in column 1 is less than zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) **CLAIMS REMAINING AFTER AMENDMENT Total **COlumn 1) **COlumn 2) **Column 3) **Column 3) **Column 4) **Column 4) **Column 5) **Column 7) **Column 1) **Column 1) **Column 2) **Column 3) **Column 3) **Column 1) **Column 2) **Column 3) **Column 3) **Column 1) **Column 2) **Column 3) **Column 3) **Column 3) **Column 3) **Column 1) **Column 2) **Column 3) **Column 4) **Column 3) **Column 3) **Column 3) **Column 3) **Column 4) **Column 3) **Column 3) **Column 3) **Column 3) **Column 4) **Column 3) **Column 3) **Column 3) **Column 3) **Column 4) **Column 3) **Column 3) **Column 3) **Column 4) **Column 3) **Column 3) **Column 4) **Column 3) **Column 3) **Column 4) **Column 3) **Column 3) **Column 3) **Column 4) **Column 3) **Column	MULTIPLE DEPENDENT CLAIM PRESENT								+135=			+270=	
CLAIMS AS AMENDED - PART	* If the difference in column 1 is less than zero, enter "0" in column 2							L			- 1	1	110
Column 1	CLAIMS AS AMENDED - PART II								,				
REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT EXTRA PAID FOR							(Column 3)	_	SMALL E	ENTITY	OR	SMALL	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	ENT A		REMAINING AFTER		NUM PREVI	BER OUSLY			RATE	TIONAL		RATE	TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	AME		*		L	5 01 4 11 4			X40=		OR	X80=	
Column 1)	L	FIRST PRESE	NIATION OF MI	JUIPLE DE	PENDEN	CLAIM			+135=		OR	+270=	
Column 1)								L			ΩD		
CLAIMS FEE RATE TIONAL FEE			(Column 1)		(Colu	mn 2)	(Column 3)	^	וטטוו. רבב ו			ADDIT: TEE	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	NDMENT B		REMAINING AFTER		NUM PREVI	IBER OUSLY			RATE	TIONAL		RATE	TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
+135=	AME			<u> </u>		T CL AIN			X40=		OR	X80=	
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AFTER AMENDMENT Total Independent Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR ADDIT. FEE OR ADDIT. FEE ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE OR ADDIT. FEE ADDIT. FEE ADDIT. FEE OR ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE OR ADDIT. FEE ADDIT		FIRST PRESE	NIATION OF MI	JLITPLE DEI	PENDEN	CLAIN		' [+135=		OR	+270=	
Column 1)								L			OR		
REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR TIONAL FEE TOWAL FEE			(Column 1)				(Column 3)						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	NDMENT C		CLAIMS REMAINING AFTER		NUN PREVI	IBER OUSLY			RATE	TIONAL		RATE	TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		Total	•	Minus	**		=		X\$ 9=	:	OR	X\$18=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	ME	Independent	*	Minus	***		=	!	X40=		OB.	X80=	
+135= OR +2/0=	Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIN		J					
A MODEL STATE OF THE STATE OF T	*	If the entry in colu	mn 1 is less than t	he entry in col	ımn 2 writ	e "0" in c	olumn 3.	L			OR		
** If the entry in column 1 is less than the entry in column 2, write "o" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."	**	If the "Highest Nu	mber Previously P	aid For" IN TH	IS SPACE	is less tha	an 20, enter "20.	." А			OR		